

Ohio Parenting and Pregnancy Program Grant
APPENDIX A
TECHNICAL APPLICATION

Program Assurances

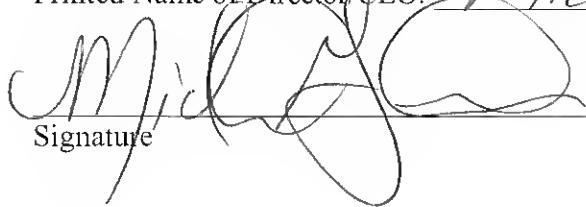
Please affirm that the following statements are true and accurate. Affix the appropriate signature where indicated. **The application will not be considered complete without the required signature and shall be disqualified from consideration.**

We the undersigned assure that our Agency:

1. Will not charge pregnant women and parents or other relatives caring for children twelve months of age or younger a fee for any services received;
2. Is not involved in or associated with any abortion activities, including providing abortion counseling or referrals to abortion clinics, performing abortion-related medical procedures, or engaging in pro-abortion advertising;
3. Is physically and financially separate from any entity, or component of an entity, that engages in abortion activities;
4. Will only subcontract with entities that are physically and financially separate from any entity, or component of an entity, that engages in abortion activities;
5. Will not discriminate in its provision of services on the basis of race, religion, color, age, marital status, national origin, disability, or gender; and,
6. Will comply with the requirement of 5101.804 of the Ohio Revised Code.

Agency Name: Ohio Right to Life

Printed Name of Director/CEO: Michael G. O'DAKIS


Signature

07/24/14
Date